



Linda McCulloch, Superintendent
Montana Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501
www.opi.state.mt.us
ATTN: Educator Licensure

MONTANA EDUCATOR LICENSURE REQUEST FOR REDISSEMINATION OF BACKGROUND CHECK INFORMATION

First Name

Middle Initial

Maiden Name

Last Name

Street

City

State

Zip Code

Telephone

Date of Birth

Month

Day

Year

I request and expressly authorize _____
_____ school district to provide a sealed copy of the Criminal
History Background Check Report generated as a condition of my employment to the Office of Public
Instruction.

Address

Telephone

Fax

Contact Person

Educator's Signature

Date